



## NOTICE TO IMPACTED PARTIES OF CORRECTIVE ACTION

*This information is required under Sections 21309a(3) of Part 213, Leaking Underground Storage Tanks (LUST), of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended. Failure to comply with the provisions of this Act may result in civil fines not to exceed \$10,000 for each day the violation continues or failure to comply continues.*

**Instructions:** (1) Use this form to notice owners of property whose soil or groundwater exceed Tier 1 unrestricted residential Risk-Based Screening Levels when the corrective action plan indicates that this level of contamination exists on property owned or operated by another person. Owners of property include, but are not limited to, easement holders, tenants, utilities, and highway authorities. (2) Send the notice to the impacted parties described above before submitting the corrective action plan to the Remediation & Redevelopment Division (RRD). Record that notification was made on the appropriate report cover sheets (Final Assessment Report, EQP 3842 and Closure Report, EQP 3843). (3) The RRD may request a copy and/or proof of providing this notice as part of an audit. This notice does not constitute a warranty or representation of any kind by the State of Michigan that the corrective actions performed in accordance with this notice will result in the achievement of the remedial criteria established by Law, or that the property is suitable for any particular use.

Owner or Operator: \_\_\_\_\_

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Qualified Underground Storage Tank Consultant : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

A corrective action plan for the above site has been developed as a result of a release from an underground storage tank. The corrective action plan indicates:

- ☐ The groundwater at the property listed below is contaminated.  
☐ The soils at the property listed below are contaminated.

Property(ies) directly impacted by the release include(s):

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Name: \_\_\_\_\_

or ☐ See attached list.

I hereby attest to the accuracy of the statements in this document and all attachments. I further certify that the language on this form has not been modified.

\_\_\_\_\_  
Owner or Operator's Signature

\_\_\_\_\_  
Date

To obtain a copy of the corrective action plan, contact the owner/operator listed above or the Remediation & Redevelopment Division District Office located at

\_\_\_\_\_